

Name
in
Full

John Randolph Dorsey -

CERTIFICATE OF DEATH

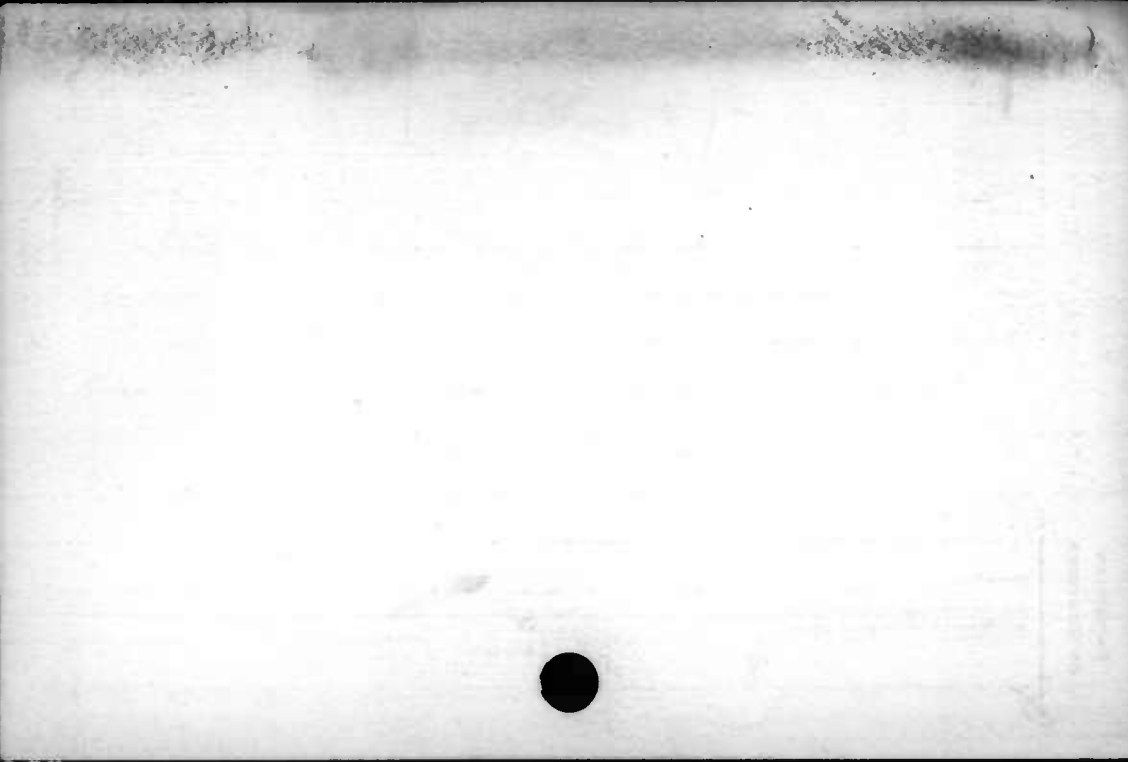
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
West Friendship		Howard					
Date of death	1905	Month	Apr.	Day	19	Years	Age 79 -
Sex		Male		Color of Race		white	
Occupation		Farmer		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed	Widowed		Name of Wife or Husband		Evelina Whalen -		
Father's Name	Johnathon S. Dorsey		Father's Birthplace		Carroll Co.		
Mother's Maiden Name	Nellie Buckingham		Mother's Birthplace		"		
Name of person giving information	Harry C. Dorsey		How related to deceased		Son -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility - 15		How long	6 weeks
Immediate	see haematuria		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Isle of	
			Howard Co.	
Accident or Suicide?				



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ellicott City</i>		Town <i>Howard</i>		County <i>Howard</i>
	Date of death <i>1905</i>		Month <i>April</i>	Day <i>22</i>	Age <i>5-1</i>
	Sex <i>Female</i>	Color or Race <i>white</i>	Birthplace <i>Maryland</i>		
	Occupation <i>Store Keeper</i>		Where Residing if not at place of death <i>Ellicott City</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>James C. Hilton</i>	Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Catherine Hilton</i>	Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Ella Hilton</i>		How related to deceased <i>daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Phthisis Pulmonalis</i>		How long <i>2 years</i>		
	Immediate <i>asthma</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Mr. M. B. Rogers M.D.</i>		
			Address <i>Ellicott City Md</i>		
	Accident or Suicide?				

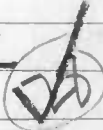


Name
in
Full

Robert E Hood


CERTIFICATE OF DEATH

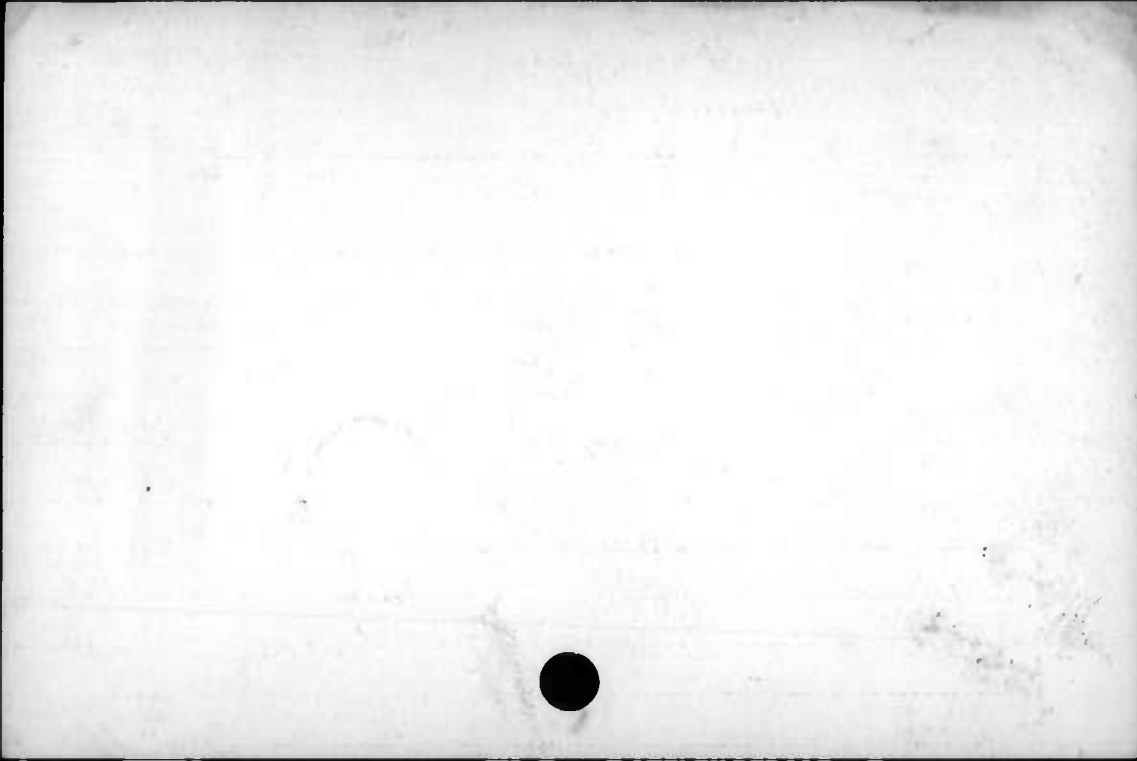
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i>		Town <i>Honour</i>		County <i>Honour</i>		MARYLAND					
Date of death 190 <i>5</i>		Month <i>April</i>		Day <i>11</i>		Age <i>1</i>		Months <i>4</i>		Days <i>25</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>							
Married, Single or Widowed				Occupation							
Name of Wife or Husband											
Father's Name <i>Robert E. Hood</i>				Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>C. Ada Walter</i>				Mother's Birthplace <i>X Graceham</i>							
Name of person giving information <i>C. Ada Hood</i>								How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>		How long <i>2 weeks</i>	
Immediate <i>same</i>		How long <i>same</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Arthur Williams</i>	
		Address <i>Elk Ridge Md</i>	
Accident or Suicide? <i>no</i>			



Amanda Jackson

CERTIFICATE OF DEATH

Died at <i>Elkridge</i> ^{Town} <i>Howard</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>29</i>	Age <i>19</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place <i>MD</i>
Married, Single or Widowed		Occupation	
Name of Wife or Husband <i>Elias Jackson</i>			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>Elias Jackson</i>		How related to deceased <i>husband</i>	

CAUSES OF DEATH

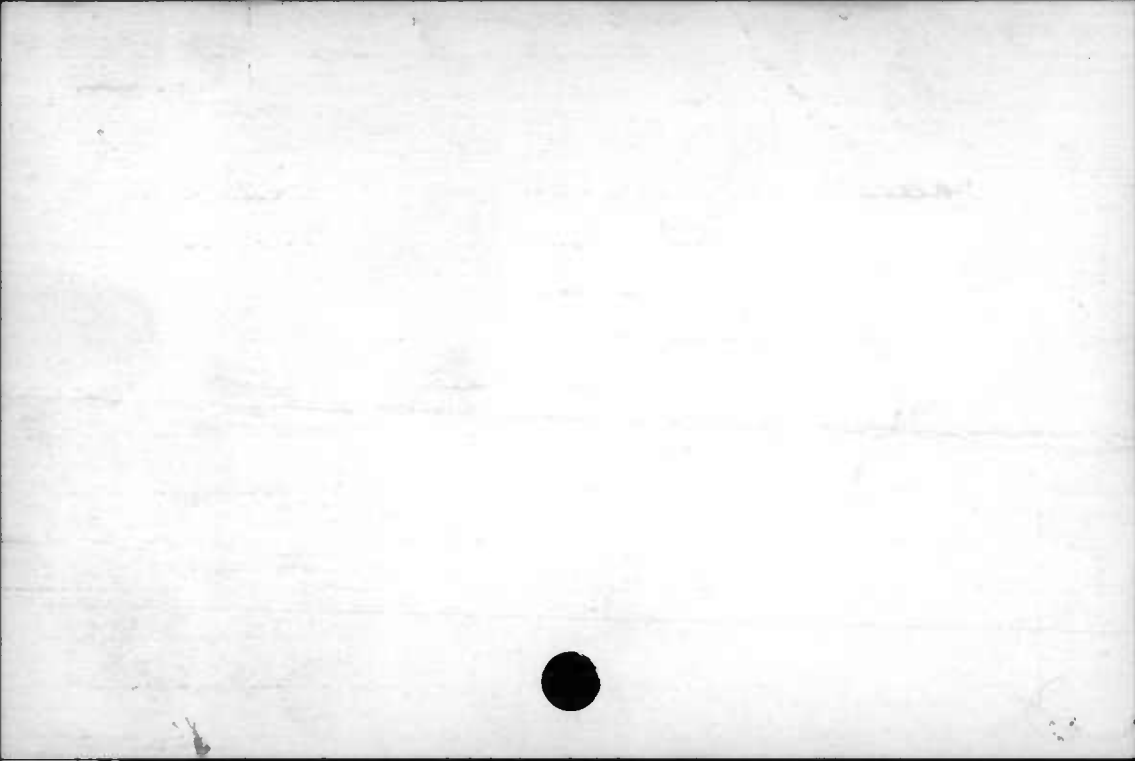
Primary	<i>Consumption</i>	How long	<i>2 1/2 months</i>
Immediate	<i>X</i>	How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harriet T. Jones</i>	
		Address <i>Elkridge MD</i>	
Accident or Suicide?			

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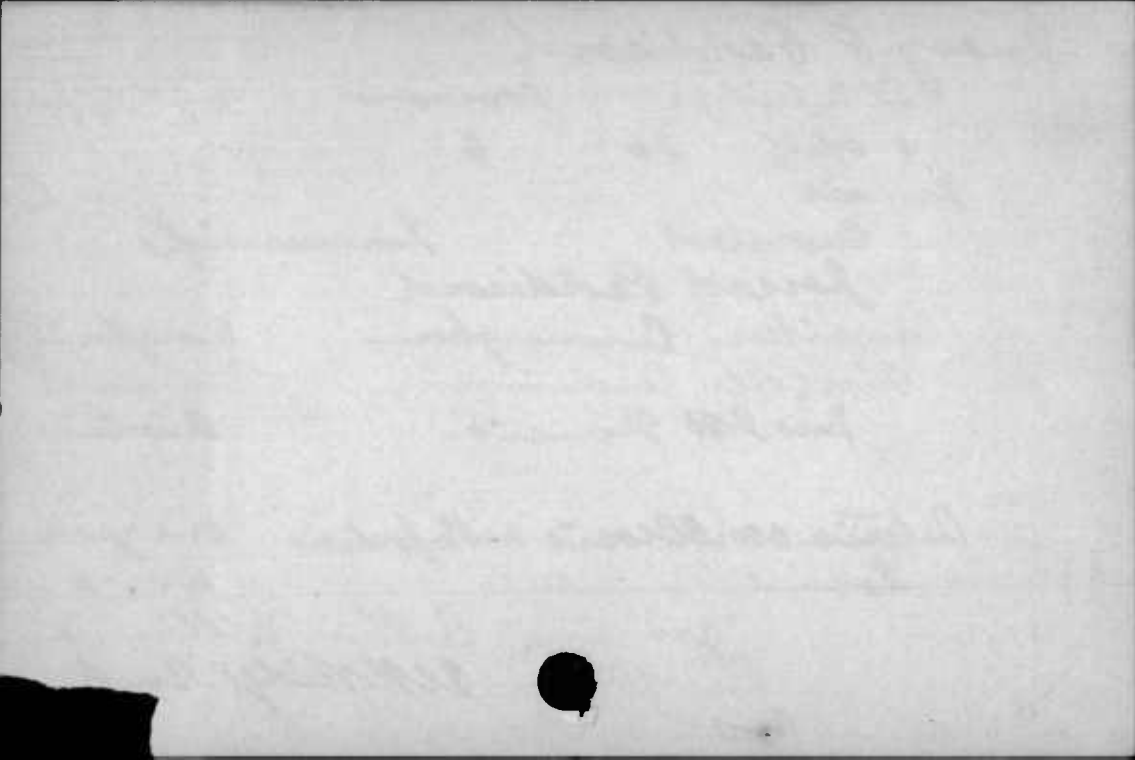
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Name in Full		Jennie Moor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Colesburg		County Howard		MARYLAND
	Date of death	1906	Month April	Day 20	Age 39	Years 3	Months "
	Sex	Female		Color or Race	Black		Birth-place A. A. Co
	Occupation	House Wife			Where Residing if not at place of death Colesburg		
	Married, Single Widowed	Yes		Name of Wife or Husband	Dennis Moor		
	Father's Name	Samuel Bacon				Father's Birthplace	A. A. Co
	Mother's Maiden Name	Maniah Franklin				Mother's Birthplace	A. A. Co
	Name of person giving information	Dennis Moor				How related to deceased	Husband
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Rheumatism				How long	4 months
	Immediate	Heart Failure				How long	Two days
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	J. R. Hunk.	
					Address	Laurel Md	
<div style="border: 1px solid black; padding: 5px;">Accident or Suicide?</div>							



Name in Full		William O'Donnell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Eliot Town		County Howard		MARYLAND	
		Date of death 1905	Month April	Day 21	Age 82	Months	Days
		Sex Male	Color or Race White		Birth-place Ireland		
		Occupation Farmer	Where Residing if not at place of death Eliot				
		Married, Single or Widowed Widowed	Name or Wife or Husband				
		Father's Name Thomas O'Donnell	Father's Birthplace Ireland				
		Mother's Maiden Name Johanna Kiehy	Mother's Birthplace Ireland				
Name of person giving information William O'Donnell		How related to deceased Son.					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Senile degeneration		How long			
		Immediate Pneumonia		How long 3 days			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. B. Rogers M.D.			
				Address Ellicott City Md.			
		Accident or Suicide?					



Name
in
Full

James Reginald O'Malley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *St Denis* ^{Town}*Howard* ^{County}

MARYLAND

Date of death *1905* ^{Month} *April**8* ^{Day}Age *19* ^{Years}*4* ^{Months}*9* ^{Days}Sex *Male*Color or Race *White*Birth-place *Maryland*Occupation *Clerk*Where Residing if not at place of death *Eek Ridge, Md*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Patrick O'Malley*Father's Birthplace *Ireland*Mother's Maiden Name *Bridget Heanley*Mother's Birthplace *Ireland*Name of person giving information *Vincent O'Malley*How related to deceased *Brother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis (Catarrhal)*How long *2 years*Immediate *Transition*How long *2 months*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm R. Eareckson*Address *Eek Ridge.*~~Accident or Suicide?~~

Cowen & Gill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary P Peddicord*

Died at *Elk Ridge* Town *Howard* County

Date of death 190 *5* April Month *10* Day Age *62* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband *Jesse Peddicord*

Father's Name *Merriken Cunningham* Father's Birthplace *Maryland*

Mother's Maiden Name *Charlotte Cunningham* Mother's Birthplace *Maryland*

Name of person giving information *Mrs J H Francis* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Arterio-sclerosis with embolism* How long *one year*

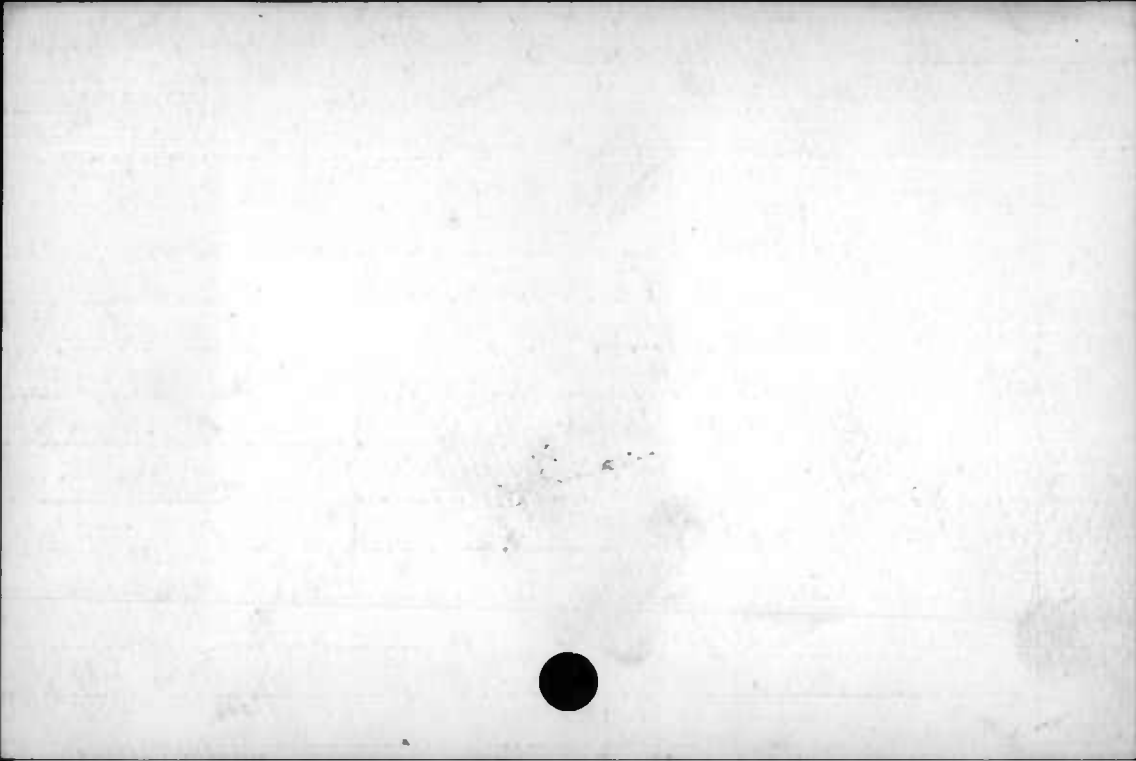
Immediate *Stroke* How long *14 "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Arthur Williams*

Address *Elk Ridge Md*

Accident or Suicide? *No*



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CERTIFICATE OF DEATH

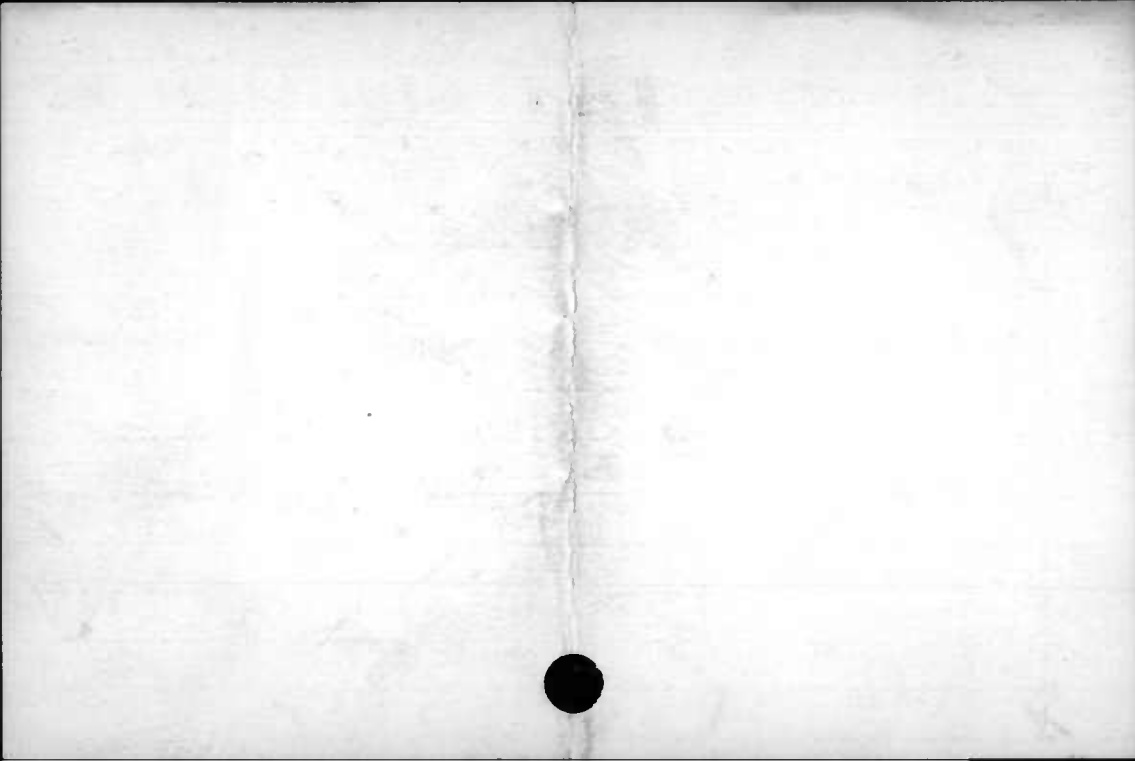
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>unnamed Schaub</i>		Town <i>Longville</i>		County <i>Haward</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Longville</i>		<i>1905 Apr. 6</i>		<i>died at birth</i>		<i>—</i>	
Sex		Color or Race		Birth-place		<i>md</i>	
<i>male</i>		<i>whit-</i>		<i>md</i>		<i>md</i>	
Occupation		Where Residing if not at place of death		<i>—</i>		<i>—</i>	
<i>man</i>		<i>—</i>		<i>—</i>		<i>—</i>	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
<i>—</i>		<i>—</i>		<i>Germany</i>		<i>md</i>	
Father's Name		Mother's Maiden Name		Name of person giving information		How related to deceased	
<i>Jacob Schaub</i>		<i>Elizabeth - Renn</i>		<i>Geo. Renn</i>		<i>Cousin</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>suicidation</i>		<i>2 hours</i>	
Immediate		How long	
<i>—</i>		<i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. F. Taylor</i>	
Accident or Suicide?		Address	
<i>—</i>		<i>Laurel Md</i>	



Name
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Full

CERTIFICATE OF DEATH

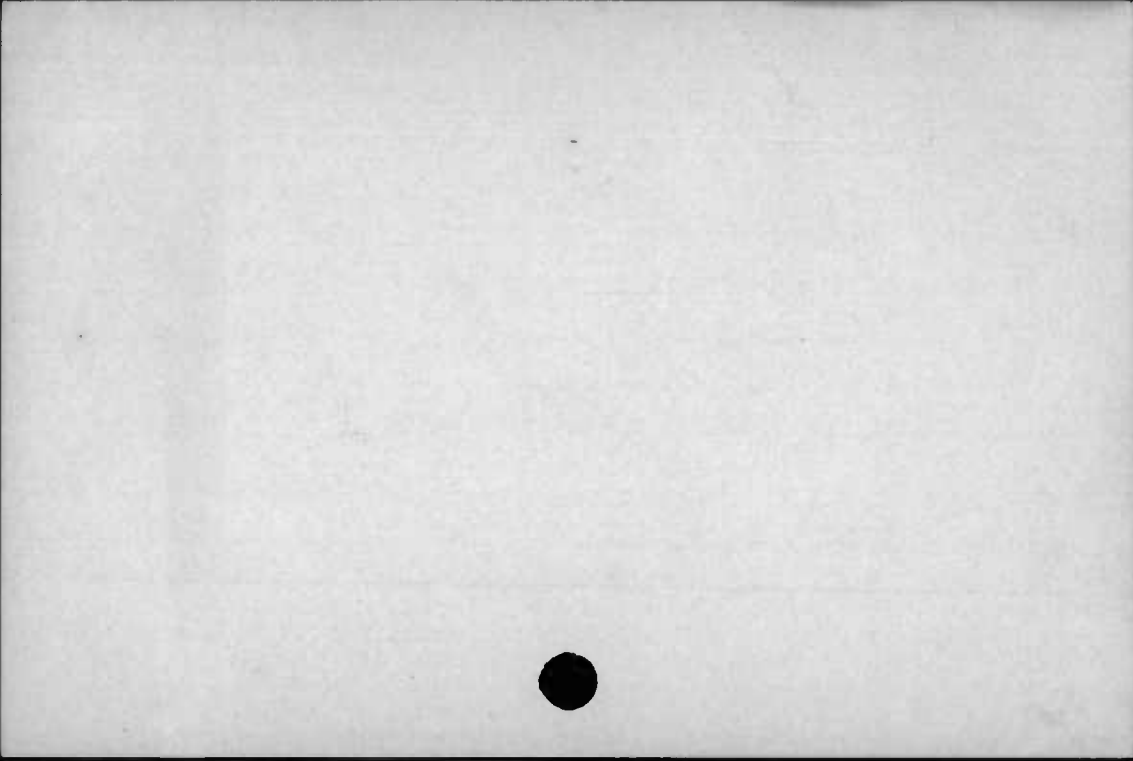
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Beltsville</i>		County <i>Howard</i>		MARYLAND			
Date of death		Month <i>4</i>		Day <i>26</i>		Age <i>38</i>		Months Days	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Va.</i>					
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>at his home</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary M. Lee</i>							
Father's Name _____		Father's Birthplace _____							
Mother's Maiden Name _____		Mother's Birthplace _____							
Name of person giving information <i>Mary Talim</i>		How related to deceased <i>wife</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>3 or 4 yrs</i>
Immediate	<i>Hemorrhage</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William M. D.</i>	
		Address <i>Savage</i>	
Accident or Suicide? <i>within</i>		<i>W.D.</i>	



CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		4	16	45			
Sex		Color or Race		Birth-place			
male		Black		M.D.			
Occupation				Where Residing if not at place of death			
Laborer				at his home			
Married, Single or Widowed		Name or Write or Husband					
married		Catherine Dorsey					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	
Chas. J. Robinson						Sister	

CAUSES OF DEATH

Primary	Pneumony Tuberculosis	How long	2 or 3 months
Immediate	Hemorrhage	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. L. Hutchinson M.D.
		Address	Savage Md.
Accident or Suicide?	Neither		

